

# Professional Debt Mediation, Inc

8657 Baypine Rd, Suite 201  
Jacksonville, FL 32256  
(888) 676-9872

## One Time Credit Card Authorization Form

Sign and complete this form to authorize **Professional Debt Mediation, Inc** to make a one-time debit to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated below on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

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### Please complete the information below:

I, \_\_\_\_\_, hereby authorize **Professional Debt Mediation, Inc** to charge

(Enter Full Name Above)

my credit card account indicated below for \$\_\_\_\_\_ on \_\_\_\_\_ dated .

(amount)

(date)

PDM Account Number:

Creditor:

Billing Address \_\_\_\_\_

Phone Number \_\_\_\_\_

City,State,Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type:  Visa  Mastercard  American Express  Discover

Cardholder Name \_\_\_\_\_

Last 4 digits of card # \_\_\_\_\_ Expiration \_\_\_/\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize **Professional Debt Mediation, Inc** to charge the credit card indicated above according to the terms outlined above.

This payment authorization is for the payment towards my account listed above, and for the amount indicated above only, and is valid for one time use only. I certify I am an authorized user of this credit card and that I will not dispute the payment with my credit card company so long as the transaction corresponds to the terms indicated on this form.